

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90452 038 ***158.75

C0012812

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P99000026684** ✓

1. Entity Name
Alligator Alley Management Corp.

Principal Place of Business
**2079 N. University Dr.
Sunrise, FL 33322**

Mailing Address
**2079 N. University Dr.
Sunrise, FL 33322**

2. Principal Place of Business
2079 N. University Dr.
Suite, Apt. #, etc.

3. Mailing Address
2079 N. University Dr.
Suite, Apt. #, etc.

City & State
Sunrise FL

Zip
33322

Country
Broward

4. FEI Number
65-0904933

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Carl A. Pacillo
1400 NE 56 Street
Ft. Lauderdale, FL 33334

7. Name and Address of New Registered Agent

Name **George Johnson**

Street Address (P.O. Box Number is Not Acceptable)
6300 Stirling Road

City **Hollywood** FL Zip Code **33024**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **George Johnson** **George Johnson** **4-2-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE Director, President	<input checked="" type="checkbox"/> Delete
NAME Carl A. Pacillo	
STREET ADDRESS 1400 NE 56 Street	
CITY-ST-ZIP Ft. Lauderdale FL 33334	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director, Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME George Johnson	
STREET ADDRESS 6300 Stirling Road	
CITY-ST-ZIP Hollywood FL 33024	
TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Eduardo Cautino	
STREET ADDRESS 2079 N. University Dr.	
CITY-ST-ZIP Sunrise FL 33322	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **George Johnson** **George Johnson** **4-2-01** **954-966-6300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (11/00)